PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



			<u>Fax</u> (571) 273-2885		-1	
INSTRUCTIONS: This for appropriate. All further corrindicated unless corrected b maintenance fee notification:	clow or directed otherwise i	nitting the ISSUE FEE and tent, advance orders and not a Block 1, by (a) specifying	PUBLICATION FEE (if recification of maintenance fees a new correspondence address	quired). Blocks I through 5 s will be mailed to the current ss; and/or (b) indicating a sep	hould be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE	ADDRESS (Note: Use Block I for an	y change of address)	Note: A certificate	of mailing can only be used f	or domestic mailings of the	
21020	00/04/000		papers. Each additio	Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
21839 759			•			
BUCHANAN ING (INCLUDING BUF POST OFFICE BOT ALEXANDRIA, V	RNS, DOANE, SWECK X 1404		I hereby certify that	Pertificate of Mailing or Transthis Fee(s) Transmittal is bein e with sufficient postage for fit ail Stop ISSUE FEE address SPTO (571) 273-2885, on the	g denosited with the United	
11/23/2005 DEMMANU2 0	0000070 09588462	NOV 2 1 2005	<u></u> (بع		(Depositor's name)	
01 FC:1501 02 FC:8001	1400.00 OF 3.00 OF	A PART			(Signature)	
APPLICATION NO.	FILING DATE	FIRST NAME	ED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/588,462	06/06/2000	John P	hilipsson	027557-049	9176	
TITLE OF INVENTION: LO	DUDSPEAKER VOLUME R	ANGE CONTROL				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$0	\$1400	11/25/2005	
EXAM	INER	ART UNIT	CLASS-SUBCLASS	_	•	
HAROLD, JEFFEREY F		2646	379-388040	_		
	address or indication of "Fee		inting on the patent front page.	1.		
CFR 1.363). Xi Change of correspond Address form PTO/SB/12 "Fee Address" indicate	ence address (or Change of C 12) attached. ion (or "Fee Address" Indicator more recent) attached. Use	orrespondence (1) the nor agents (2) the nare registerec 2 registerse 2 registers.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
-	RESIDENCE DATA TO BE	PRINTED ON THE PATEN	<u> </u>			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified bel 37 CFR 3.11. Completion o	ow, no assignee data will ap f this form is NOT a substitute	pear on the patent. If an assignment.	ignee is identified below, the	document has been filed for	
(A) NAME OF ASSIGN	EE	(B) RESIDEN	CE: (CITY and STATE OR C	COUNTRY)		
Telefonaktiebo	laget L M Ericsso	on (publ)	Stockholm, S	SWEDEN		
		ies (will not be printed on the	patent): 🗖 Individual 💢	Corporation or other private g	roup entity Government	
4a. The following fee(s) are XX Issue Fee		4b. Payment o	in the amount of the fee(s) is			
Advance Order - # of	mall entity discount permitted. Copies	The Di	nt by credit card. Form PTO-20 rector is hereby authorized by count Number50-2476	y charge XXX required fee(s), o (enclose an extra	ciencies or other r credit any overpayment, to copy of this form).	
a. Applicant claims S.	(from status indicated above) MALL ENTITY status. See 3	7 CFR 1.27. 🚨 b. Appl	icant is no longer claiming SM	1ALL ENTITY status. See 37 (CFR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu- ublication Fee (if required) words of the United States Pate	e Fee and Publication Fee (if a ill not be accepted from anyon and Trademark Office.	any) or to re-apply any previone other than the applicant; a r	usly paid issue fee to the applicegistered attorney or agent; or	cation identified above. the assignee or other party in	
Authorized Signature	Quenel B	649	Date	November 21, 2005		
Typed or printed name _	Kenneth B. Leffler		Registrat	ion No36,075		
This collection of informatic an application. Confidential submitting the completed at this form and/or suggestions Box 1450, Alexandra, Vice	on is required by 37 CFR 1.31 ity is governed by 35 U.S.C. oplication form to the USPT(s for reducing this burden, she in a 22313.1450. DO NOT 5	1. The information is required 122 and 37 CFR 1.14. This condition is the condition of the chief Info CMP IND FERS OR COMPLETE	d to obtain or retain a benefit to ollection is estimated to take upon the individual case. Any mation Officer, U.S. Patent as DE FORMS TO THIS ADDRESS.	by the public which is to file (a 12 minutes to complete, includ comments on the amount of and Trademark Office, U.S. De Completions	nd by the USPTO to process) ing gathering, preparing, and time you require to complete partment of Commerce, P.O.	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.